

FILED DEC 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

393608

STATE FILE NUMBER

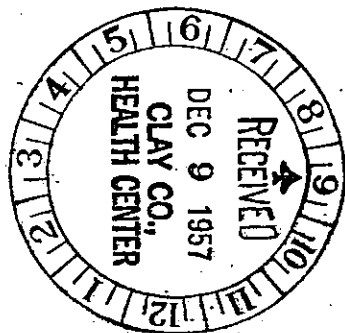
Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>Excelsior Springs</u>				c. CITY OR TOWN <u>Excelsior Springs</u>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Excelsior Springs Hospital 20yrs</u>				d. STREET ADDRESS (If outside, give location) <u>899 Williams St.</u>			
3. NAME OF DECEASED (Type or print) First <u>DONALD</u> Middle <u>RAY</u> Last <u>TRUE</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>17</u> Year <u>1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>9-11-1927</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Butcher</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>A & G. Grocery Store</u>		10. BIRTHPLACE (City and state or country) <u>Holt, Missouri</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William R. True</u>				14. MOTHER'S MAIDEN NAME <u>Clara Gabbert</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWII</u>				16. SOCIAL SECURITY NO. <u>496-26-0235</u>		17. INFORMANT <u>Evelyn True, 899 Williams, Ex. Springs, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gunshot wound lower left chest</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>410 S hot gun</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>9190</u>						INTERVAL BETWEEN ONSET AND DEATH <u>19</u>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Handling shot gun</u>					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. <u>11-19-57</u>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Excelsior Springs, Clay, Mo.</u>		20g. STATE <u>Mo.</u>			
21. I attended the deceased from _____, to _____ and last saw her him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>O. S. Pate, M.D. Coroner</u>				22b. ADDRESS <u>North Kansas City, Mo.</u>		22c. DATE SIGNED <u>11/27/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-20-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		23d. LOCATION (City, town, or county) (State) <u>Excelsior Springs, Missouri</u>	
24. FUNERAL DIRECTOR <u>Prichard Funeral Home, Inc.</u>				25. DATE RECD. BY LOCAL REG. <u>12-3-57</u>		26. REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	

(Licensed Embalmer's Statement on Reverse Side)



DEC 17 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Lundell K. Jarman

Licensed Embalmer No. 45
P. O. Address.....
Excelsior Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.